

# Employee Post-Travel Disclosure of Travel Expenses

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2019 APR -4 AM 11:46

**Post-Travel Filing Instructions:** Complete this form within **30 days** of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building**.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**  
☒ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Consumer Technology Association

Travel date(s): 1/7/2019-1/9/2019

Name of accompanying family member (if any): \_\_\_\_\_

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	\$734.60 airfare= \$634.60 ground transport = \$100	\$848 plus tax	\$208 plus tax and gratuity	\$100 conference registration fee

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4/24/19 Ellen S. Beares Ellen S. Beares  
(Date) (Printed name of traveler) (Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

4.4.19 [Signature]  
(Date) (Signature of Supervising Senator/Officer)

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

RECEIVED  
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2019 JAN 30 PM 12:34

**Post-Travel Filing Instructions:** Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☒ The original *Employee Pre-Travel Authorization* (Form RE-1), **AND**  
☒ A copy of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Consumer Technology Association

Travel date(s): 1/7/2019 - 1/9/2019

Name of accompanying family member (if any): \_\_\_\_\_

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount	\$734.60 Airfare = \$634.60 Ground Transportation = \$100	\$848 plus tax	\$208 plus tax and gratuity	\$100 conference registration fee

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input checked="" type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

Please refer to the traveler attached schedule.

1/24/19  
(Date)

Ellen Beares  
(Printed name of traveler)

Ellen Beares  
(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

1/30/19  
(Date)

(Signature of Supervising Senator/Officer)